2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2001 8:00 am

DOCUMENT # P98000022882 1. Entity Name GORDON CARPENTRY, INC.				Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90088 013 ***158.75	
Principal Place of Business 2450 SE 7TH PLACE HOMESTEAD FL 33033		Mailing Address 2450 SE 7TH PLACE HOMESTEAD FL 33033		605187	
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		DO NOT WRITE IN THIS SPACE 4. FEI Number CE 001041E Applied For	
Zip	Country	Zip	Country	4. FEI Number 65-0818415 Applied For Not Applicable. 5. Certificate of Status Desired \$8.75 Additional Fee Required	
WHITE, PENNY JO 2450 SE 7TH PLACE HOMESTEAD FL 33033			Street Add	GORDON PENNY W. TIPSS (P.O. BOX Number is Not Aggeptable) LACE OMESTEAD FL Zip Code 33033	
SIGNATURE _ 9. This corpo Tax filing r	named entity submits this statement for Signature, typed or printed name of registered agent prattion is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	HOLLON (NOT	Denny U E: Registered Ag/nt signature !!! FEE IS \$150.00 101 Fee will be \$550	10. Election Campaign Financing \$5.00 May Be	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDAN, DANIEL G 2450 S.E. 7 PLACE HOMESTEAD FL 33033	<u> L</u>	12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT Change Addition GORDON, DANIEL G. 2450 S.E. 7th PLACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIOMESTERS ? E GOOGS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOMESTEAD, FL 33033 S Change Addition GORDON, PENNY W. 2450 S.E. 7th PLACE HOMESTEAD, FL 33033	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ₂ ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	

Indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _